

HAMILTON COUNTY COMMUNITY CORRECTIONS

DAY REPORTING HANDBOOK

18104 Cumberland Road
Noblesville, Indiana 46060

Administration Telephone (317) 776-9760

Fax Number (317) 776-9764

“Where Change is a Choice, and
Accountability is a Guarantee”

Dear Program Participant:

As a result of a court order you have been placed in our Day Reporting Program. We both share the same goal . . . for you to satisfactorily complete your sentence and return to the community as a responsible and productive citizen. Our Department operates on the premise that every program participant has the potential to achieve that goal. It will not be easy, your time on Day Reporting will be filled with challenges, but we believe that you can accomplish this or the Court would not have placed you in this program.

During your placement in our Day Reporting Program you can expect staff to assist in this effort by prioritizing your participation in services that address treatment and education needs identified during the development of your treatment plan. These may at times conflict with your work schedule, but these services and support will increase the likelihood of you successfully completing your sentence. The program has a great many rules and guidelines, all of which are designed to guarantee accountability and encourage a change in negative behavior. Our expectation is that you attend all of the required treatment and education programs, that you abide by the rules and guidelines, and that you demonstrate desire and put forth the effort required to change your behavior.

The following material, along with the program contract, outlines the rules, guidelines and behavior that are expected of you. Our staff will explain the following information to you during the intake process, and you are encouraged to ask questions. It is recommended that you keep this material and review it carefully, as a violation of the rules may result in the inability to satisfactorily complete our program.

If there are any questions, do not hesitate to contact a member of our staff.

Respectfully,

Ralph B. Watson
Executive Director

HAMILTON COUNTY COMMUNITY CORRECTIONS

Vision

As leaders in the rehabilitation of program participants we will change behaviors using innovative approaches that enhance personal growth.

Mission

We provide cost effective, treatment focused programs incorporating evidence-based practices that generate positive change in participants.

Executive Director:

Ralph Watson

Director of Personnel:

Stephanie Ruggles

Director of Administration:

Deana McMurray

Day Reporting Field Services Coordinator:

Tony Boze

Bookkeeper:

Sandra Estes

Hamilton County Community Corrections
18104 Cumberland Road
Noblesville, Indiana 46060
(317) 776-9760
FAX (317) 776-9764

DAY REPORTING PROGRAM CONTRACT

NAME: _____ CAUSE #: _____

ADDRESS: _____

PHONE: (HOME) _____ (WORK) _____ D.O.B. _____

BEGINNING DATE: _____ PROJECTED RELEASE DATE: _____

LENGTH OF SENTENCE: _____

CHARGE: _____ FEL/MISD: _____ CLASS: _____

CIRCLE ONE: COP DIR.COM. VOP EXE. SENT. S.S.

SPECIFIC CONDITIONS OF DAY REPORTING CONTRACT

1. I, _____, agree to comply with the special conditions stated in this contract, in addition to the Standard Rules of Probation. I am signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court and/or Probation Department.
2. I understand that in addition to Judicial review, I will also be subject to administrative disciplinary action for failure to follow the Day Reporting Disciplinary Code and Sanctions. I am subject to loss of privileges and additional sanctions as stated in the above Code.
3. I understand that while on the Day Reporting Program, I will be under the supervision of Hamilton County Community Corrections and subject to all rules and regulations of that program.
4. I will cooperate with and truthfully answer all reasonable inquiries of Community Corrections staff.
5. I understand that I must attend appointments at Hamilton County Community Corrections as directed. Also, I agree to report to the Hamilton County Community Corrections' office immediately upon request, whether it is written or verbal.
6. I understand that I will be charged a weekly fee, and other fees as approved by the Hamilton County Community Corrections Advisory Board. Payments will be made by cashier's check, certified check or money order. No cash or personal checks will be accepted. Payments will be made at a time as determined by Hamilton County Community Corrections. I understand that failure to make payments as scheduled, or departure from the program with a balance of payments in arrears may result in any or all of the following:
 - A. A violation may be filed against me with the Court and/or Probation Department.
 - B. The Court may enter a civil judgment against me in the criminal case for the amount of the arrearage.
 - C. I may be sued in civil court or subject to collection proceedings for the amount of the arrearage, plus costs of the proceedings and attorney fees.

7. I agree to allow the Hamilton County Community Corrections Staff to enter my residence at any time, without prior notice, and to make reasonable inquiry into my activities and the activities of others in the home. I agree to waive my right against search and seizure, and permit Hamilton County Community Corrections or any law enforcement officer acting on behalf of Hamilton County Community Corrections, to search my person, residence, motor vehicle, or any location where my personal property may be found, to insure compliance with my conditions of the Day Reporting program.
8.
 - A. I will not consume, or possess on my person or in my home, any alcohol or drugs unless prescribed by a physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test or tests will be considered an admission of guilt. I understand I have two hours from the time notified to produce a urine specimen for drug testing. I will be responsible for the cost of said tests.
 - B. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products, or extracts. I will not take any drugs unless I possess a current and valid prescription from a legally licensed physician.
 - C. I will not consume anything containing alcohol, including but not limited to an alcoholic beverage. I will not take medication with alcohol in it (i.e., liquid cold medicine, cough syrup, or medicated mouthwashes).
 - D. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.
 - E. I understand that any attempt to dilute, alter or substitute a urine sample to mask the test results will be deemed a violation of the contract.
 - F. By signing this contract I waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing. If screen results return diluted, it will be deemed a violation of the contract. I will be responsible for the payment of the cost of said test.
9. I understand that I am not to possess or use any firearm, destructive device, or other dangerous weapon unless granted written permission from Hamilton County Community Corrections.
10. I understand that I must have a permanent place of residence and must have approval from Hamilton County Community Corrections at least 72 hours prior to any change of residence.
11. I understand that I must reside within the Hamilton County Community Correction supervision area for the entire term of my placement on Day Reporting.
12. I understand that while on Day Reporting, I will have no contact at my home with anyone on probation or parole, unless granted permission by Hamilton County Community Corrections.
13. I understand that I must have a means through which I may be contacted at any time of day during the entire term of my placement on Day Reporting.
14. I agree to sign a release of information for Hamilton County Community Corrections.
15. I shall authorize my employer to release all records and information requested concerning my hours of employment, attendance on the job, duties of employment, reporting and dismissal times, and such other information as may be requested by Hamilton County Community Corrections.
16. I understand that if a medical emergency arises I must contact Hamilton County Community Corrections as soon as possible to inform the Day Reporting Staff as to the nature and extent of the problem. Failure to notify this office may result in a violation being filed with the Court and/or Probation Department.

17. I understand that if during the term of Day Reporting, my employment is terminated for reasons beyond my control, I may continue on the Day Reporting Program as long as I began an intensive job search which will require five (5) verifiable employment inquiries per week day and continue in court and/or community corrections mandated treatment.
18. I understand that if I lose my job due to poor attendance (unexcused absences), use of drugs, alcohol, or misconduct, a violation will be filed with the Court and/or Probation Department.
19. I understand that I am not to commit any law violations resulting in a new arrest or summons to Court while on Day Reporting Program, I understand that I am not to violate any term of a license suspension and/or any restriction of a license. I understand that I am to identify myself as a day reporting program participant to law enforcement officers.
20. I understand that Hamilton County Community Corrections can terminate my participation in this program without notice, if I have any violations of the above conditions.
21. If I leave the State of Indiana, with or without permission of Hamilton County Community Corrections, I understand that I waive (give up) my extradition rights and will voluntarily return to Indiana.
22. I understand that Hamilton County Community Corrections has the authority to direct me to substance abuse treatment, adult education programs, counseling, or any other program that Hamilton County Community Corrections has determined to be appropriate for me to attend. Failure on my part to follow through on such directives may result in a violation being filed with the Court and/or Probation Department.
23. Special Orders: _____

During my term of day reporting, if a determination is made that there is probable cause to believe that I have violated any of these conditions, I may be removed from participation in this program and may be incarcerated pending further Court determination. I further acknowledge that if the Court finds that I have violated any one of these conditions, the Court may, after a hearing, revoke the suspended sentence and impose any sentence it may have originally imposed, modify my conditions, or continue placement.

This contract has been read and explained to me, and my signature below acknowledges that I have fully read and fully understand all the terms and conditions of this contract. I further acknowledge that I have initialed each and every term of this contract as I have read and understood each term. I hereby agree to comply with all of the above rules and regulations of the Day Reporting Program. I further acknowledge that I have read and understood the Hamilton County Community Corrections Day Reporting Handbook and agree to comply with all the rules and procedures set forth in it.

Judge

Date

Program Participant

Date

Community Corrections Staff

Date

Day Reporting Guidelines

1. Program participants must follow the Department's visitation dress code when reporting to the facility.
2. A search of the program participant's person may be conducted at any time.
3. Program participants may be ordered to comply with treatment/educational services. The treatment plan will be reviewed with the field services coordinator regularly, and program participants will be notified of any changes. Monthly progress reports from treatment providers, and monthly verification of attendance at support group meetings is required.
4. Program participants will be required to carry photo identification on their person at all times, and may be required to present this identification in order to gain entrance to the complex and facility.
5. Program participants will inform the field services coordinator of any animals at the program participant's residence and secure them during field checks.
6. When home, a program participant must answer the telephone and door at all times.
7. Program participants must follow all safety instructions and wear all protective clothing while performing work details within and outside of the Hamilton County Community Corrections facility.

Financial Responsibilities

The daily fee is \$5. Urine screens are \$23 per screen. Also, if assigned to an in-house treatment program the participant will be charged \$20 per program.

1. Fees must be paid weekly.
2. All fees will be paid by cashier's check, certified check or money order. Financial transactions other than fee payments are not permitted between Department staff/volunteers and program participants. Cash, personal checks or credit/debit cards will not be accepted. A receipt will be provided upon payment.
3. Those not current paying their fees will sign a pay agreement. If the pay agreement is not followed, a non-compliance report will be filed, and the program participant may receive disciplinary action and/or be referred to the court and/or Probation Department for further action. Participants who are on a pay agreement will not advance in reward status. Participants may begin earning reward status once fees are two weeks or less in arrearage.

Dress Code

Individuals visiting the Hamilton County Community Corrections Facility are expected to be properly dressed at all times. At no time shall a midsection of the torso be showing or the shoulders bare, and shorts cannot be shorter than six inches above the top of the kneecap. Clothing should not contain tears or rips that expose parts of the body or undergarments.

1. Proper visitor attire is at the discretion of Department staff.
2. Participants with inappropriate attire will immediately be asked to leave and will be subject disciplinary action.
3. Participants are expected to wear undergarments at all times.
4. Participants clothing shall not display drug, alcohol, gang, and pornographic or racial overtones.
5. Participants shall wear footwear at all times.
6. Participants and their property are subject to search at the discretion of Department staff.

Grievances

A grievance may be submitted by a program participant to express a real or imagined complaint concerning a department policy, facility condition, staff misconduct, or as a response to access to medical care. A program participant may submit a grievance without being subject to any adverse action. In the event that the program participant is unable to write, then shall make arrangements for the participant to express their grievance. The grievance should be filed on a *Program Participant Grievance* form and placed in the “grievance box” located in the lobby.

The Director of Administration should respond to the program participant in writing or in person within ten business days. The Director of Administration’s response may be appealed to Executive Director. Any such appeal must be filed, in writing, within five days of receipt of the response from the Director of Administration.

Rewards and Sanctions

Purpose: To establish a facility disciplinary code and sanctions and a schedule of rewards for positive behavior for the participants.

The objective is to develop reasonable rules and regulations that are designed to encourage program participants to respect the rights of others. In addition, it is also designed to encourage the self-discipline and self-control that will enable program participants to return to society and live within accepted standards.

Those participants who have been found guilty at an administrative hearing will lose one level in their reward status. Those participants who have a non-compliance that is referred to the sentencing court will not be eligible to advance in reward status until disposition of the non-compliance.

The Program Participant has the right to appeal the decision of the Hearing Board in writing, stating the specific reasons for the appeal, within ten (10) working days from the receipt of the decision. All appeals should be submitted using the appeal form and directed to the Director of Personnel.

Rewards Table

Type A actions:	Reward:
4 months with no violations of any kind	Reporting Mechanism #3
Type B actions:	Reward:
2 months with no violations of any kind	Reporting Mechanism #2
Type C actions:	Reward:
1 month with no violations of any kind	Reporting Mechanism #1
Type D actions:	Reward:
Keeping scheduled appointments	Acknowledgement at appointment

Reporting Mechanisms

1. Telephone appointment with field services coordinator once per month in lieu of office appointment.
2. Telephone and residence/work appointments with field services coordinator twice a month in lieu of office appointments.
3. Telephone and residence/work appointments with field services coordinator six times a month in lieu of office appointments.

Sanctions Table

Level 3 offenses:	Sanctions: (post admin. hearing)
Contract violations	Violation filed with court and/or probation
Threatening others with bodily harm	
Counterfeiting, forging, or reproducing any official document	
Resisting or fleeing staff	
Violating a restraining order	
Proposing a bribe to staff	
Failure to follow Administrative Hearing directives	
Refusal to submit to search of	

person/property or drug testing	
Habitual Conduct Rule Violator (3 or more level 2 violations)	
Level 2 offenses:	Sanctions: (post admin. hearing)
Disorderly conduct	Additional meetings with field services coordinator weekly
Refusing to obey an order from staff	5-10 facility work hours
Failure to follow pay agreement	Written Reprimand
Violating rule or standing order	Additional urine screens
Positive Urine Screen	Schedule to be submitted weekly for 2 weeks
Possession of a device or substance designed or intended to be used to interfere with a urine screen	Programming if appropriate
Failure to attend scheduled meeting/appt.	
Habitual Conduct Rule Violator (3 or more level 1 offenses)	
Level 1 offenses:	Sanctions: (infraction summary)
Failure to provide an acceptable urine sample within 2 hours	1-4 facility work hours
Failure to provide necessary documentation	Additional meetings with field services coordinator weekly
Failure to answer phone or door	Written Reprimand
Use of abusive or obscene language	
Failure to follow HCCC Handbook Rules	
Failure to pay fees as outlined in the handbook	



ADMINISTRATIVE HEARING APPEAL

INSTRUCTIONS: Type or Print clearly

Name of Program Participant		Housing Unit
Date of Hearing	Offense	Date of First Appeal

INSTRUCTIONS:

Appeal must first be made to the Director of Personnel within ten (10) working days of the hearing. The individual making the appeal will do so in Section 1 and forward to the Director of Personnel who will make his/her response in Section 2.

SECTION 1	
Appeal to Director of Personnel - Be specific in stating reason(s) for appeal	
Signature of Program Participant	Date

SECTION 2	
Response of Director of Personnel to Appeal	
Signature of Director of Personnel	Date

**HAMILTON COUNTY COMMUNITY CORRECTIONS
PROGRAM PARTICIPANT GRIEVANCE**

NAME: _____ PROGRAM COMPONENT: _____ DATE: _____

My grievance concerns: _____ Staff Misconduct _____ Dept. Policy/Procedure _____ Facility Condition

Explain what happened, when and who was involved or which policy/procedure is being grieved. Explain what was done and who was contacted about resolving problems. Be as brief as possible but include the necessary facts.

<table border="1" style="display: inline-table;"><tr><td style="width: 40%;">Signature</td><td style="width: 60%;">Date</td></tr></table>	Signature	Date
Signature	Date	

SUGGESTED REMEDY

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GRIEVANCE RESPONSE

Date Received _____ Date of Response _____ Signature _____

Your complaint is returned because

- | | |
|---|--|
| <p>_____ It is not a grievable issue.</p> <p>_____ You requested to withdraw complaint.</p> <p>_____ Staff following established procedure.</p> <p>_____ Action was taken/issue resolved.</p> | <p>_____ You failed to respond to meeting request.</p> <p>_____ Your complaint was resolved informally.</p> <p>_____ Additional information/rewriting is required.</p> |
|---|--|

EXPLANATION

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Hamilton County Community Corrections
Support Group Report

Name: _____ I attended ____AA, ____NA, ____ Other
The Name and Location of the meeting: _____
Time: _____ a.m./p.m. Date: _____
Type of Meeting: ____ Open speaker, Speakers first name: _____
As a result of attending this meeting I discovered: _____

During the meeting I shared: _____

At this point, my feelings about this program are: _____

I, the undersigned secretary or meeting leader, to assist HCCC in their duties, hereby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: _____

Hamilton County Community Corrections
Support Group Report

Name: _____ I attended ____AA, ____NA, ____ Other
The Name and Location of the meeting: _____
Time: _____ a.m./p.m. Date: _____
Type of Meeting: ____ Open speaker, Speakers first name: _____
As a result of attending this meeting I discovered: _____

During the meeting I shared: _____

At this point, my feelings about this program are: _____

I, the undersigned secretary or meeting leader, to assist HCCC in their duties, hereby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: _____

Community Corrections Handbook Receipt

I, _____, hereby acknowledge receipt of the Hamilton County Community Corrections Day Reporting Handbook. The handbook has been read and explained to me and it contains the rules governing my conduct while in this Community Corrections Program. If a revision takes place, it will be properly posted and distributed and I will need to conduct myself according to the change made.

Signed: _____

Rules delivered by: _____

Time and date: _____